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PATENT
450117-4866

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ralf SCHAEFER et al.
Serial No. : 09/293,702
For : A METHOD FOR DETERMINING ACCESS TIME
OF REPEATEDLY BROADCAST OBJECTS
Filed : April 16, 1999
Examiner : Adnan M. Mirza
Art Unit : 2141

745 Fifth Avenue
New York, NY 10151
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EXPRESS MAIL

Mailing Label Number: EV 206805165 US

Date of Deposit: November 8, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Barnet Shindlerman
(Typed or printed name of person mailing paper or fee)

Barnet Shindlerman
(Signature of person mailing paper or fee)

AMENDMENT AFTER FINAL REJECTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed September 8, 2004, please amend the above-identified patent application as follows:



PATENT
450117-4866

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Art Unit : 2141

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	17	Minus	20 =	0 x	\$18 (9)	= \$0.00
Independent claims	2	Minus	3 =	0 x	\$84 (42)	= \$0.00
Total additional fee for this amendment						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ____ month following the expiration of the term originally set therefor. This is a petition to request a ____-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$0.00 is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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